

1/24/05 8:18:32  
BK 491 PG 111  
DESOTO COUNTY, MS  
W-E. DAVIS, CH CLERK

ANTONIO PIERINI,  
A SINGLE PERSON  
GRANTOR

WARRANTY

TO

DEED

WILLIAM G. DARBY,  
A SINGLE PERSON  
GRANTEE

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **ANTONIO PIERINI, A SINGLE PERSON**, does hereby sell, convey, and warrant unto **WILLIAM G. DARBY, A SINGLE PERSON**, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Begin at the Northwest corner of Section 2, Township 3 South, Range 7 West, said point being the present centerline intersection of Byhalia Road and Malone Road; thence North 85 degrees, 10 minutes, 00 seconds, East, 660.00 feet with the northerly line of said section and along the centerline of Byhalia Road to a point; thence South 04 degrees 50 minutes 00 seconds, East 40.00 feet to the True Point of Beginning for the herein described tract; thence continue South 04 degrees 50 minutes 00 seconds East 308.27 feet along an existing fence to a point; thence South 85 degrees 10 minutes 00 seconds West 141.30 feet to a point; thence North 04 degrees 50 minutes 11 seconds West 308.27 feet to a point in the southerly line of Byhalia Road; thence North 85 degrees 10 minutes 00 seconds East 141.31 feet with the southerly line of Byhalia Road to the point of beginning containing 1.00 acres of land more or less being subject to all codes, regulations and revisions, easements and right of ways of record, as shown on plat of survey made by Ben W. Smith, dated July 28, 1988 Property is located in the NW ¼.

By Way of Further Explanation: ANTONIO PIERINI hereby signs the deed as sole owner due to the death of his wife Nancy Pierini, her death certificate hereby attached.

The warranty in this deed is subject to rights of way and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi and further subject to all applicable building restrictions and covenants of record; in the Chancery Court Clerk of Desoto County, Mississippi.

Taxes for the year 2005 are to be paid on due date by Grantees.

WITNESS OUR SIGNATURE, this the 4<sup>th</sup> day of January, 2005.

  
ANTONIO PIERINI

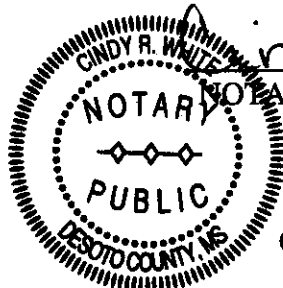
STATE OF MISSISSIPPI:  
COUNTY OF DESOTO;

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, within named: ANTONIO PIERINI, who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free act and deed, and for the purposes therein expressed.

GIVEN Under my hand and seal of office, this the 4th day of January, 2005.

NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE  
MY COMMISSION EXPIRES: Aug 26, 2009  
BONDED THROUGH NOTARY PUBLIC

My Commission Expires:



  
CINDY R. WHITE  
NOTARY PUBLIC

GRANTOR'S ADDRESS

PO BOX 1805  
Flippin, Ar 72634  
8704535852 N/A  
HM PHONE WK PHONE

GRANTEE'S ADDRESS

4115 Byhalia Rd.  
Hernando MS 38632  
393-3673 901-336-6896  
HM PHONE WK PHONE

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDSTYPE OR PRINT  
WITH BLACK INKFILING  
DATE

JUN 29 2004

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPISTATE FILE  
NUMBER

123-

04-012717

DECEASED	1. NAME First Middle Last NANCY EMILY BILL MILLER PIERINI			2. SEX FEMALE	3a. HOUR OF DEATH 06:02A m.	3b. DATE OF DEATH (Month, Day, Year) JUNE 04, 2004
	4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 71 Years	ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) JUNE 10, 1932	7a. COUNTY OF DEATH DESOTO
	7b. CITY OR TOWN OF DEATH SOUTHAVEN	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B			7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT., EMER. RM. OR DOA INPT	8. STATE OF BIRTH TENNESSEE
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (0-12) (1-4) (5+)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name) ANTONIO PIERINI	
death occurred in institution, see HANDBOOK, regarding completion of RESIDENCE items	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		14. SOCIAL SECURITY NUMBER 229-36-2423		15a. USUAL OCCUPATION (Kind of work done most of working life) SALES PERSON	
	15b. KIND OF BUSINESS OR INDUSTRY SALES					
RESIDENCE Items, give actual location of home rather than mailing address	16a. RESIDENCE--STATE MISSISSIPPI		16b. COUNTY DESOTO	16c. CITY OR TOWN HERNANDO	16d. INSIDE CITY LIMITS (Specify Yes or No) NO	16e. STREET AND NUMBER OR RURAL LOCATION 4115 BYALIA ROAD
	PARENTS			17. FATHER--NAME First Middle Last ARTHUR TERRY BILL		
18. MOTHER--NAME First Middle Maiden EMILY A. HEPBURN						
INFORMANT	19a. INFORMANT--NAME (Type or print) ANTONIO PIERINI			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4115 BYHALIA ROAD HERNANDO, MISSISSIPPI 38632		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY--NAME FOREST HILL MIDTOWN		20c. LOCATION (City and State) MEMPHIS, TN	
	20d. EMBALMER--SIGNATURE AND NUMBER BRADLEY SHOOK 5655					
PRONOUNCEMENT	21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER FOREST HILL FUNERAL HOME MIDTOWN 919			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1661 S. ELVIS PRESLEY BLVD. MEMPHIS, TN 38106		
	22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) LESA JORDAN, MD			22b. PRONOUNCED DEAD (Month, Day, Year) ON JUNE 04, 2004		
CERTIFIER	23a. CERTIFIER--NAME (Type or print) WILLIAM RICHARDS, MD			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 401 SOUTHCREST CIR #212, SOUTHAVEN, MS 38671		
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated: SIGNATURE [Signature] MD			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated: SIGNATURE [Signature]		
CAUSE OF DEATH	24b. DATE SIGNED (Month, Day, Year) 4/21/04			24c. STATE LICENSE NUMBER 15231		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) CWO			24f. DATE SIGNED (Month, Day, Year)		
had Decedent been Pregnant Within 90 Days prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) Pneumonia (b) Post-trauma ulcer (c) CWO			Interval between onset and death		
	26. PART II: OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I			27. AUTOPSY (Yes or No)		
Use if death NOT due to natural causes	28a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)			28b. DATE OF INJURY (Month, Day, Year)		
	28c. HOUR OF INJURY m.			28d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
28e. INJURY AT WORK (Yes or No)			28f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)			
28g. LOCATION			Street or route number City or town State			

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUN 29 2004

Judy Moulder  
STATE REGISTRAR

## WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.